

Name

Mailing address

## RECEIVED

JAN 2 0 2010

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES Mail: 135 State House Station, Augusta, Maine 04333 Office: 45 Memorial Circle, Augusta, Maine

> Office: House

District

Website: www.maine.gov/ethics

Phone: 207-287-4179 Fax: 207-287-6775

□ Senate

## MAINE ETHICS COMMISSION

## 2009 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A - 1019)

Covering the calendar year January 1, 2009 through December 31, 2009

Please file this statement with the Clerk of the House or the Secretary of the Senate by 5:00 p.m. on February 19, 2010. Please contact Commission staff at 287-4179 or come to the Commission office at 45 Memorial Circle, Augusta, if you have any questions about this form, your reporting requirements, or how to report specific situations.

**LEGISLATOR INFORMATION** 

10 Box 367		9 Y Phone 307-689-5484	
City, zip code			
Buckfield, M			
PART 1. INCOM	ME DERIVED FROM EMPLOYMENT BY ANO	OTHER	
List the name and address of each employer freeconomic activity of each employer.	om whom you received compensation of \$1,000 o	r more. Specify the principal type of	
Name of Employer	Address	Principal Type of Economic Activity of Employer	
Hayes + Associates	80 Box 367	Guardian ad litem	
	Buckfield, ME 09200	business services	
		et (General Confession de Artes de Arte	
994A49964851493185555555684499\$655556\$666666668\$\$\$\$ \$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$			
	Part Merchanis		
		·	
PART 2. IN	COME DERIVED FROM SELF-EMPLOYMEN		
	or Legislators who are self-employed.)		
A. List the name and address of your business, associated with a partnership, firm, professional entity.	, if any, and list the major areas of economic activit I association, or similar business entity, list the maj	y from which you derived income. If jor areas of economic activity of that	
Name and Address of Business Entity	Major Areas of Economic Activity (self)	Major Areas of Economic Activity (partnership, association or similar business entity)	
Name: Hayest Associates	Occardian ad litem	an to a graph of the state of t	
Address: Po Box 367 Buckfield	5-ewices	To many or a dead and	
Name;		Section for extra transport of the contract of	
Address:	An althought opposite the state of the state	OTTOMORY AND ADMINISTRATION OF THE PROPERTY OF	

PART 2 (continued). INCOME DERIVED FRO (For Legislators who are self-emp		
B. List each source of income derived from self-employment that represents mor greater, and specify the principal type of economic activity of the entity or person disclosure is prohibited by law, rule, or an established code of professional ethics, entity or person from whom the income was derived.	on from whom you derived	such income. If this form of
Name and Address of Source	Activ	rincipal Type of Economic ity of Entity or Person Who is he Source of the Income
Name:	Accessed in the control of the contr	
Address:	do Guint-Polar COORDA	
Name:	Product de proposition de la constant de la constan	
Address:		
PART 3. MAJOR AREAS OF P (For Legislators who are attorneys-at-		
List your major areas of practice. If associated with a law firm, list the major areas	dermo piranon-cirilizira electro de descriato de tractes de tractes desti facilitat de sindicida Lúncia de tractes frances en trainir.	
Name and Address of Firm	Major Areas of Practice (self)	Major Areas of Practice (firm)
Name:		on execution and the second se
Address:		i i de de de la companya de la compa
Name:		
Address:		
PART 4. OTHER SOURCES OF	FINCOME	
List each source of income of \$1,000 or more not listed in Parts 1, 2, or 3 of this fo	rm. Do not include gifts. If r	none, check the box.
None		
Name and Address of Source	(ii	Kind of Income nvestments, leases, etc.)
Name:	a de la composição de l	
Address:	Distribution	
Name:	The state of the s	je menovim nakovim nakovim na menovim nakovim nakovim nakovim nakovim nakovim nakovim nakovim nakovim nakovim I
Address:	vice execution and a second se	
PART 5. REPORTABLE LIAE	BILITIES	
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or more that you		
areas of economic activity of each creditor. Do not list credit card liability or loans  None	irom a relative. It none, che	ck the box.
Name and Address of Creditor	Pr	incipal Type of Economic Activity of Creditor
Name:		istanin eenastiinin saleen minta astata keeniste saleenista kaninista kalka kalka kalka kanin tara ka ka ka ka
Address:	Vanddisamma	
Name:		
Address:	Schowelsesbus	

PART 6. RE	PORTABLE GIFTS		
List the specific source of each gift of more than \$300. Include of none, check the box.	gifts with an aggregate v	alue of more	than \$300 from a single source. I
None 51	ant teninga celificità e cenergicella hilysty filmegenegia quantialingu miliaga manga pana (migrapa mang	and the second s	orazione filmano y considerificiale de primare e filma di monera di di di monera di di di di di mole cale e grappe propre filmano e propre filmano di monera di di di di di mole cale e grappe propre filmano di
Name of Source of Gift		Name of	Source of Gift
1. Women in Government	3.	iyasi yaki (kanikisinkan kikusi, kanaka kunga kanaya isisisinka kahiriya k	and pumping high himming the property of the state of the
<ol> <li>Women in Government</li> <li>Maine Leadership Foundation</li> </ol>	4.		
PART 7. REPO	RTABLE HONORARI	Argonia	
List the source of any honoraria accepted for appearances or spec	eches related to your legi	slative respo	nsibilities. If none, check the box.
None			nenn eiste vollten eiste seine sich der State eine State eine seine sich eine seine seine seine seine seine se
Name of Source of Honoraria	To the desiration of the state	Name of Sou	urce of Honoraria
1.	3.		
2.	<b>4</b> .	A major market major	
PART 8. REPRESENTATI	ON BEFORE STATE	AGENCIES	
List each executive branch agency before which you represented box.	or assisted others for o	ompensation	of any amount. If none, check the
None	CONTRACTOR CONTRACTOR FRONT COMMENT CONTRACTOR CONTRACTOR AND CONTRACTOR AND CONTRACTOR AND CONTRACTOR CONTRAC	administrativa (1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884	\$\text{\texit}\text{\texict{\texitt{\texictex{\text{\text{\texit{\texictex{\texitt{\texiting}\text{\tin}\tint{\text{\texittt{\texiting}\text{\texitt{\texiting}\texitt{\texitingt{\texit{\texititt{\tert{\texitit{\texititet{\texititet{\texitilex{\tiintert{\texitint{\texititt{\tinintert{\ter
Name of Agency		Name	of Agency
1.	3.	the state of the s	
	ert til men en gred til en semmer semmer som mannen som til en en gred semmer symes i semmer sem en en en en e	enemy vit freille ers forersky vit servess vis overstrives en	настетиция деня пета <b>д</b> ининеродитического котороду дода дода дода дода дода дода дода д
2.	4.		
PART 9. BUSINESS	WITH STATE AGEN	CIES	
List each executive branch agency to which you or a member of \$1,000 during the reporting period. If none, check the box.	your immediate family s	sold goods o	r services with a value in excess o
None	et vije best etwort (Cristians Corronnystycholystycholystycholystycholystycholystycholystycholystycholystychol		46664600000000000000000000000000000000
Name of Agency		Name	of Agency
1. Maine Fudicial Branch	3.	amat ar krasianakt errobskijan ti vasmaneterrobmatanrobnaben	akamanangga mananan kamana tahun mananan maga tahangga tahangga manang manang manang manang manang manang mana
2.	TO TO THE THE PERSON ASSESSED LIGHT CONTRACTOR STATES OF THE PERSON ASSESSED ASSESSE	EUNANA NOOTINISTA SHAQOSSA AANA ASAANA AA SHASAA	\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Z.	4.		
PART 10. INCOME RECEIVED E	Y MEMBERS OF IMN	/EDIATE F	AMILY
List the type of economic activity representing each source of inc dependent child(ren) during the reporting period and the kind of in or more of income, their name and job title are listed. Do not include	ncome represented. If y		
	pe of Economic Activity epresenting Source of Income Received	Relationship	Kind of Income
Name: Stephen Hayes 1.	psychetreuspy	Spouseor	1. salary/wages
Name: Stephen Hayes  1.  Job Title: L. C. S. W. in private practice 2.  3.		Domestic Partner	2. 3.
		Dependent Child	
If dependent child(ren) receive more than \$1,000 of income for the reporting period, list only the type of economic $\frac{1}{7}$ V	rad make -	Dependent Child	salary
activity and the kind of income.	immic read	Dependent	
		Child	

was compensated. If a family member issted, indicate your r	elationship and the name		position and whethe ber.	r the position	
None					
Organization/Business and Address	Title	Position Held By:	Family Member's Name	Compen- sated?	
Mane Guadran ad likem Institut	te Divedor- member of Board	Te verea Hayes		NÕ.	
	SIGNATURE				
A Legislator who wilffully fails to file a required statemen					
Juna Hays Signature					
ADDIT	IONAL INFORMATIO	N separation			
Please provide any additional information below (and the information you are providing.	on additional sheets if	needed). Indicat	e the part or secti	on number fo	
Part/Section	estant de la revisió y estilistropado y punto escribiros tentros estre estantes de la tentidad de la composito	ig de Benimme Esta de Ciliando de Artino de Esta de Artino de Artino de Colonia de Artino de Esta de Artino de			
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Number			annaka kililinikki ga ini kililinika di himusha sisahara ta dia di sadi sadi sadi sa ta sadi sadi sadi sadi sa		
Number					

PART 11. OFFICER OR DIRECTOR POSITIONS